

**continued..**

reported having attempted suicide in the past year. Compared to the year before treatment, suicide attempts declined in the year after treatment. There was a reduction of about 80 percent in the proportion of both male and female clients reporting suicide attempts after treatment.

**Summary**

The findings from this analysis suggest that substance-abuse treatment has a positive effect on the mental health of both male and female clients. Overall, the proportion of all clients reporting the use of outpatient mental health services, depression, or attempted suicide declined by about one-third to four-fifths after treatment. Although a higher proportion of female than male clients reported the use of mental health treatment, depression, and suicide attempts at intake and at follow-up, the pattern of reduction following treatment was similar for male and female clients for each of the three mental health outcomes examined in this analysis. Among both male and female clients, the largest reduction was in the proportion of clients reporting attempted suicide in the past year. The findings from this analysis are similar to those found for other populations in NTIES. After treatment, for example, the proportion of abused and non-abused women who reported attempting suicide declined by over half (see Fact Sheet 20). Across age groups (i.e., adolescents, young adults, and adults) and racial/ethnic groups (i.e., white, black, and Hispanic), mental health status improved by at least one-third or more (see Fact Sheet 78 and Fact Sheet 112, respectively) after substance-abuse treatment.

This is one of a series of fact sheets comparing characteristics of male and female clients in NTIES. Fact Sheet 120 compares male and female clients by age, race/ethnicity, and education, and Fact Sheet 123 compares male and female clients on marital, child-rearing, and residency status. The reasons clients sought treatment by gender are presented in Fact Sheet 124, and treatment completion status and treatment modality by gender are presented in Fact Sheet 126. Fact Sheet 127 presents satisfaction with treatment among male and female clients by modality and substance(s) used. Substance use before and after treatment by gender is presented in Fact Sheet 131, and Fact Sheet 132 examines high-risk sexual behaviors before and after treatment by gender. Fact Sheet 134 presents an analysis of criminal activities before and after treatment by gender.

**Overview of NTIES**

The National Treatment Improvement Evaluation Study (NTIES) was a national evaluation of the effectiveness of substance-abuse treatment services delivered in comprehensive treatment demonstration programs supported by the Center for Substance Abuse Treatment (CSAT). The NTIES project collected longitudinal data between FY 1992 and FY 1995 on a purposive sample of clients in treatment programs receiving demonstration grant funding from CSAT. Clients were interviewed at treatment intake, at treatment exit, and 12 months after treatment exit.

**Overview of the Briefing Toolkit**

The National Evaluation Data Services (NEDS) Secondary Analysis Briefing Toolkit is a product line developed to provide visual aid materials on substance-abuse treatment. The purpose of the briefing toolkit is to provide a ready-reference tool that treatment professionals can use to inform other professionals on topics related to treatment effectiveness. The briefing toolkit is designed in a modular format that gives the presenter maximum flexibility in developing internal or external briefings or other documents. Modules can be used on a stand-alone basis or by combining pages from different modules for a more tailored presentation. The briefing toolkit modules are available on the NEDS Web site for downloading.

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For more information, please contact call (703) 385-3200 or visit the NEDS Web site at <http://neds.calib.com>. The NEDS Web site also may be accessed through the Substance Abuse and Mental Health Services Administration (SAMHSA) Web site at (<http://www.samhsa.gov/csar>).

*The perspective offered in this document is solely that of the author(s) and does not reflect the policies or views of the Federal Government or any of its departments or agencies.*

**What's New!****Teen Drug Linked with Later Health Problems**

A long-term study has linked adolescent drug use with health problems in early adulthood. Subjects in their mid-to-late twenties who had used drugs as teens reported more health problems than those who had never used drugs. Health problems included: increased incidence of respiratory conditions, such as colds and sinus infections; cognitive problems, such as difficulty in concentrating, remembering, and learning; and headaches, dizziness, and vision problems. The National Institute on Drug Abuse (NIDA)-funded study found also that rebelliousness,

distrust of authority, and risk-taking behavior in early adolescence and peer influences in middle adolescence were precursors to later drug use, which, in turn, led to increased health problems. These findings are from a 22-year study that tracked the self-reported substance abuse and health histories of more than 600 youths through their early- and mid-teen years into early adulthood. Scientists from the Mount Sinai School of Medicine and Columbia University started collecting data on the children in 1975, when the subjects were 1 through 10 years of age. Four follow-up interviews were conducted in 1983, 1986, 1992, and 1997 respectively. By the time of the last interview, the average subject was 27 years old.

**WHAT IT MEANS:** This study adds to the body of research about the long-term public health consequences of drug abuse and the importance of early intervention to prevent adolescent drug abuse.

Lead investigator Dr. Judith S. Brook published the study in the June 2002 issue of the *Journal of Adolescent Health*.

### **Methamphetamine, Cocaine Abusers Have Different Patterns of Drug Use, Suffer Different Cognitive Impairments**

Studies supported by NIDA show that methamphetamine abusers typically use the drug 20 days per month, beginning early in the morning and using it at regular intervals throughout the day. In contrast, cocaine abusers are more likely to exhibit a “binge” pattern. They use the drug fewer days per month, typically in the evening rather than in the daytime, and use it continuously over several hours. Both drugs cause deficits in measures of reasoning and concentration, but methamphetamine abusers perform more poorly than cocaine abusers on tests measuring perceptual speed and the ability to manipulate information, according to Dr. Sara Simon of the University of California, Los Angeles. The typical methamphetamine abuser reported using the drug when he or she first got up in the morning and then using it approximately every two to four hours during the waking day. Most of the descriptions of use more closely resembled taking a medication than using a drug for pleasure. Cocaine abusers, however, reported patterns of use that began in the evening and continued until all the cocaine had been used. Both drugs are associated with similar cognitive deficits, although some types of impairment differ. The most striking difference is that methamphetamine abusers had more trouble than cocaine abusers with tasks requiring attention, organizing information, and switching points of view.

**WHAT IT MEANS:** “. . . of methamphetamine and cocaine use.” This understanding can be incorporated into the development of treatment strategies that help abusers avoid or copewith situations that put them at risk for relapse and give them behavioral tools they can learn, understand, and apply in those situations.

Dr. Simon and her colleagues described their findings in a special methamphetamine issue of *Journal of Addictive Diseases* (Vol. 21, Number 1, 2002).

### **Methadone Treatment May Improve Completion of Tuberculosis Therapy in Injection Drug Abuser**

Researchers from the State University of New York Upstate Medical University in Syracuse and the University of California, San Francisco, have found evidence that methadone treatment programs are effective platforms for providing tuberculosis (TB) preventive therapy to substance abusers. In the study, methadone treatment combined with directly observed TB preventive therapy improved adherence to and completion of TB preventive therapy by injection drug abusers. Previous research has shown that under normal treatment conditions, substance abusers are more likely to miss doses of the TB medication isoniazid (INH) and that direct observation of preventive treatment is less effective in substance abusers than in other TB-positive individuals. In the study conducted by Dr. Steven L. Batki at San Francisco General Hospital, 111 opioid-dependent patients with latent TB infection were randomly assigned to receive one of three treatments:

- Standard methadone treatment—substance abuse counseling and directly observed daily INH
- Minimal methadone treatment—directly observed INH but with no counseling
- Routine care—referral to TB clinic for monthly visits for 30-day supplies of INH without direct observation of medication ingestion or methadone treatment.

More than 77 percent of patients receiving minimal methadone treatment and over 59 percent of those receiving standard methadone treatment completed their INH therapy, whereas less than 14 percent of those receiving routine care completed INH therapy. On average, patients receiving both forms of methadone treatment stayed in INH therapy more than five months, while those receiving routine TB treatment stayed in treatment less than two months.

**WHAT IT MEANS:** The findings from this study indicate that methadone treatment offers public health benefits when it is used to deliver preventive medical services to substance abusers.

Dr. Batki, the lead investigator for the study, reported the findings in the May 2002 issue of *Drug and Alcohol Dependence*. Dr. Batki is now at SUNY Upstate Medical University.

### **Research Helps Explain Why Perception of Pleasure Decreases With Chronic Cocaine Use**

Investigators demonstrated in rats that repeated starting and stopping of cocaine use decreased the brain’s reward function and reduced the pleasurable effects of cocaine. This decrease in

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pleasure-perception was highly correlated with escalation of cocaine intake. The persistence of this pleasure deficit after stopping prolonged cocaine use may be part of the neurobiological basis for the continued craving and increased vulnerability to relapse associated with drug addiction. The study's findings also show that tolerance does not result from a decreased effect of cocaine on basal reward thresholds, but results instead from the establishment of a new basal reward threshold, above the initial threshold. As a result, more doses are progressively needed to maintain the same hedonic effect, thereby further aggravating the dysregulation of brain reward function. Changes in pleasure thresholds were only observed in animals that developed excessive levels of cocaine intake. Those that developed stable and moderate levels of cocaine intake did have altered pleasure perception. Thus, a chronic shift in pleasure thresholds appears to be one of the neurobiological signatures of the transition to addiction.

**WHAT IT MEANS:** Based on this study, it appears that promising new therapies for addiction may be based on treatments that mute the desire to escalate cocaine intake by blocking the elevation of brain reward thresholds produced by chronic cocaine use.

Serge H. Ahmed, Paul J. Kenny, and colleagues from the University of Bordeaux, France and The Scripps Research Institute in LaJolla, California published the study in the July 2002 issue of the journal *Nature Neuroscience*.

### We've Moved...

Our office has moved as of September 3, 2002 to:

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### Need Technical Assistance But Don't Know What to Do?

#### There are five steps in requesting technical assistance (TA):

1. Identify your TA needs
  - a. Grantees may identify TA needs within their program or TA may be recommended by your Government Project Officer (GPO).
  - b. ACS/Birch & Davis staff can assist you with outlining and defining your TA needs or you can contact your GPO to discuss them. For assistance, contact Lou Podrasky-Mattia, Deputy Director, CSAT TCE Project, at (703) 310-0188 or [Louis.Mattia@acs-inc.com](mailto:Louis.Mattia@acs-inc.com)
2. Complete a TA request form. TA forms are available from ACS/Birch & Davis staff or your GPO.
3. Forward the completed form to your GPO.
4. Approved TA requests are sent to ACS/Birch & Davis by the GPO.
5. ACS/Birch & Davis staff will work directly with the grantee and the GPO to plan and execute the requested TA.

### CONFERENCE CALENDAR CORNER

#### OCTOBER

- October 1, 2002 - Ypsilanti, Michigan** 734-973-7892  
Teens Using Drugs: What to Know and What to Do—Part One  
Saint Joseph Mercy Health System Education Center
- October 4, 2002 - Dallas, Texas** 800-328-9000  
From Discovery to Recovery: A Model for Successfully Treating Teenage Addiction and Drug AbuseCARE and Solutions in partnership with Hazelden
- October 4-6, 2002 - Lake Lanier Island, Georgia** 888-727-5695  
Medical Management of HIV in the Rural Southeast  
Karlotta Caldwell
- October 7-8, 2002 - Binghamton, New York** 607-777-2496  
Treating Addictions in Special Populations: Research Confronts Reality  
Jane Angelone
- October 8, 2002 - Ypsilanti, Michigan** 734-973-7892  
Teens Using Drugs: What to Know and What to Do—Part Two  
Saint Joseph Mercy Health System Education Center
- October 11-12, 2002 - Atlanta, Georgia** 770-777-1115  
The National Kaiser Permanente Conference on HIV Atlanta  
Lisa Crouse

**October 25-28, 2002 - Detroit, Michigan** 510-302-0933  
2002 National Black Lesbian and Gay Leadership Forum (NBLGLF)  
Conference: Discovery  
National Black Lesbian and Gay Leadership Forum;  
The Blackstripe  
Chyrrill Quamina, NBLGLF Registrar

#### NOVEMBER

- November 6-9, 2002 - Crystal City, Virginia** 888-232-2275  
Evaluation: Evaluation 2002 - A Systemic Process that Reforms Systems  
American Evaluation Association Annual Meeting
- November 8-10, 2002 - Alexandria, Virginia** 401-349-0000  
25<sup>th</sup> Annual National Conference  
The Association for Medical Education and Research in Substance Abuse
- November 14-15, 2002 - Atlanta, Georgia** 404-639-8008  
CDC Advisory Committee on HIV and STD Prevention (ACHSP)  
Paulette Ford Knights
- November 15-17, 2002 - Oakland, California** 800-749-9620  
The 1<sup>st</sup> National Asian and Pacific Islander Summit on HIV/AIDS Research  
University of California San Francisco, School of Medicine; Center for AIDS Prevention; Asian & Pacific Islander Wellness Center (A&PIWC); Office of AIDS Research (OAP); National Institutes of Health (NIH)  
Brenda Robin
- November 19-21, 2002 - Springfield, Illinois** 217-524-5983  
11<sup>th</sup> Annual HIV/STD Conference  
Illinois Department of Public Health; Illinois State Board of Education; Illinois Public Health Association
- DECEMBER**
- December 1-3, 2002 - Mumbai, India** 00-91-22-3453253  
2<sup>nd</sup> International Conference on Substance Abuse and HIV  
The Hope 2002 Secretariat at DAIRRC Headquarters
- December 1-4, 2002 - Seattle, WA** 212-213-6376  
4<sup>th</sup> National Harm Reduction Conference: Taking Drugs Seriously  
Harm Reduction Coalition Conference Coordinator
- December 4-7, 2002 - Atlanta, Georgia** 888-506-7394  
SECAD/2002: The Southeastern Conference on Alcohol and Drug Addiction  
SECAD/2002, c/o NAATP
- December 8-11, 2002 - New Orleans, Louisiana** 202-483-6622  
NATAF 2002: North America AIDS Treatment Action Forum  
Paul Woods, Conference Registrar

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# T A R G E T E D C A P A C I T Y E X P A N S I O N

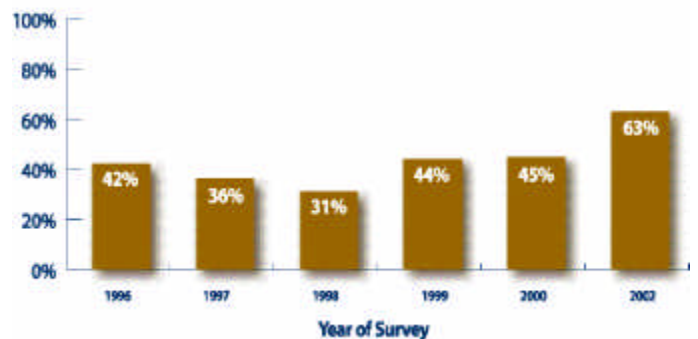
## DATA BITES

### Majority of Youths Report That Their School Is Drug-Free

Nearly two-thirds of youths report that their school is drug-free, according to a 2002 survey conducted by the National Center on Addiction and Substance Abuse (CASA) at Columbia University. This is the first time since CASA began surveying youths in 1996 that the majority of youths reported that students do not keep, use, or sell drugs on school grounds.

In past years, the percentage reporting drug-free schools has ranged from 31 percent to 45 percent (see figure below). According to the authors, "Whether or not a school is drug free has a dramatic influence on the substance-abuse risk of the student body," (p. 11). The survey found that youths at schools that are not drug-free are twice as likely to have tried marijuana; more than twice as likely to know a youth who uses acid, cocaine, or heroin; and three times as likely to smoke cigarettes.

Percentage of Youths (Ages 12-17) Reporting That Their School is Drug-Free 1996-2002



SOURCE: *CESAR Fax*, Volume 11, Issue 35, September 2, 2002

**CSAT**

Center for Substance Abuse Treatment  
**SAMHSA**

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